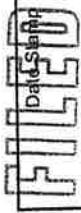


**CALIFORNIA 460  
FORM**


Statement covers period from <u>1/01/01</u>	Date of election if applicable: (Month, Day, Year) CITY OF <u>SANTA MARIA</u> BY: <u>J. L. DeLoach</u> <u>City Clerk</u>
through <u>6/30/01</u>	

SEE INSTRUCTIONS ON REVERSE

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

- 1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 7.
- Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)
  - Ballot Measure Committee
    - Primarily Formed
    - Controlled
    - Sponsored
    - Broad Based
- 1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 7.
- Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 6.)
  - General Purpose Committee
    - Sponsored
    - Broad Based

**3. Committee Information**

COMMITTEE NAME

Alice Patino for City Council

**Treasurer(s)**

NAME OF TREASURER

Tom Martinez

**MAILING ADDRESS**

2450 Professional Parkway Suite 220	STATE	ZIP CODE	AREA CODE/PHONE
SANTA MARIA	CA	93455	(805)934-5737

MAILING ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/PHONE
SANTA MARIA	CA	93455	(805)346-8407	

OPTIONAL: FAX/E-MAIL ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA  
FORM  
460**

Page 2 of 6

Type or print in ink.

**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
Alice Patino		BALLOT NO. OR LETTER	JURISDICTION
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
Santa Maria City Council RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 2450 Professional Parkway Ste. 220 Santa Maria CA 93455		<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b> NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT	
		OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
		<b>Related Committees Not Included in this Statement:</b> List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.	
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	CONTROLLED COMMITTEE?	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
NAME OF TREASURER	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
STATE	ZIP CODE	AREA CODE/PHONE	
CITY			

*Attach continuation sheets if necessary*

**7. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

*Tony B. Martinez*  
By *Tony B. Martinez*  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1/01/01  
through 6/30/01

Page 3 of 6

## SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

# CALIFORNIA 460 FORM

I.D. NUMBER  
1227669

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1.	Monetary Contributions .....	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
2.	Loans Received .....	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
3.	SUBTOTAL CASH CONTRIBUTIONS .....	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
4.	Nonmonetary Contributions .....	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
5.	TOTAL CONTRIBUTIONS RECEIVED .....	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

**Expenditures Made**

6.	Payments Made .....	\$ <u>710.41</u>	\$ <u>710.41</u>	\$ <u>710.41</u>
7.	Loans Made .....	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
8.	SUBTOTAL CASH PAYMENTS .....	\$ <u>710.41</u>	\$ <u>710.41</u>	\$ <u>710.41</u>
9.	Accrued Expenses (Unpaid Bills) .....	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
10.	Nonmonetary Adjustment .....	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
11.	TOTAL EXPENDITURES MADE .....	\$ <u>710.41</u>	\$ <u>710.41</u>	\$ <u>710.41</u>

**Current Cash Statement**

12.	Beginning Cash Balance .....	\$ <u>2,205.39</u>		
13.	Cash Receipts .....	\$ <u>0.00</u>		
14.	Miscellaneous Increases to Cash .....	\$ <u>2.16</u>		
15.	Cash Payments .....	\$ <u>710.41</u>		
16.	ENDING CASH BALANCE .....	\$ <u>1,497.14</u>		

If this is a terminal statement, Line 16 must be zero.

17.	LOAN GUARANTEES RECEIVED .....	\$ <u>0.00</u>	Contributions Received ..... \$ <u>0.00</u>	7/1 to Date
18.	Cash Equivalents .....	\$ <u>0.00</u>	Expenditures Made ..... \$ <u>0.00</u>	
19.	Outstanding Debts .....	\$ <u>0.00</u>		

**Cash Equivalents and Outstanding Debts**

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

20.	Contributions Received ..... \$ <u>0.00</u>
21.	Expenditures Made ..... \$ <u>0.00</u>

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

## Schedule A Summary

- |   |                       |      |
|---|-----------------------|------|
| 1. Amount received this period – contributions of \$100 or more.<br>(Include all Schedule A subtotals.) .....                             | \$ .....              | 0.00 |
| 2. Amount received this period – unitemized contributions of less than \$100 .....  | \$ .....              | 0.00 |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$ .....</b> | 0.00 |

\*Contributor Codes  
IND – Individual  
COM – Recipient Co  
OTH – Other

## Schedule E Payments Made

<b>SCHEDULE E</b>	
<b>CALIFORNIA 460 FORM</b>	
<b>Statement covers period from <u>1/01/01</u></b>	<b>through <u>6/30/01</u></b>
<b>Page <u>5</u> of <u>6</u></b>	
<b>I.D. NUMBER</b>	
<b>1227669</b>	

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

### SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**  
Alice Patino for City Council

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

<b>NAME AND ADDRESS OF PAYEE OR CREDITOR (If committee, also enter I.D. number)</b>	<b>CODE</b>	<b>OR</b>	<b>DESCRIPTION OF PAYMENT</b>	<b>AMOUNT PAID</b>
Vertrees Printing 406 W. Main St.	LIT			328.91
Santa Maria, CA 93458				
Coalition of Labor & Business (COLAB) P.O. Box 7523 Santa Maria, CA 93456	MTG			150.00
Benedetti & Assoc. P.O. Box 5958 Santa Maria, CA 93456	PRO			162.50
				<b>SUBTOTAL \$ 641.41</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....
  2. Unitemized payments made this period of under \$100 .....
  3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) .....
  4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....
- TOTAL \$ 710.41**

## Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>Schedule I</b>		<b>Miscellaneous Increases to Cash</b>	
		<b>SEE INSTRUCTIONS ON REVERSE</b>	
		<b>NAME OF FILER</b>	Alice Patino for City Council
		<b>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</b>	
		<b>DESCRIPTION OF RECEIPT</b>	
		<b>AMOUNT OF INCREASE TO CASH</b>	
<b>SCHEDULE I</b>		<b>CALIFORNIA FORM</b>	<b>460</b>
<b>Type or print in ink. Amounts may be rounded to whole dollars.</b>		<b>Statement covers period from <u>1/01/01</u> through <u>6/30/01</u></b>	<b>Page <u>6</u> of <u>6</u></b>
		<b>I.D. NUMBER</b>	1227669

*Attach additional information on appropriately labeled continuation sheets.*

## Schedule I Summary

- |   |                 |         |
|---|-----------------|---------|
| 1. Increases to cash of \$100 or more this period .....   | Interest Income | \$ 0.00 |
| 2. Unitemized Increases to cash under \$100 this period. ....   |                 | \$ 2.16 |
| 3. Total of all Interest received this period on loans made to others. (Schedule H, Part 2 (b).) .....                        |                 | \$ 0.00 |
| 4. Total miscellaneous Increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the<br>Summary page Line 14.) | TOTAL           | \$ 2.16 |